

Rec'd PCT/PTO 29 AUG 2005

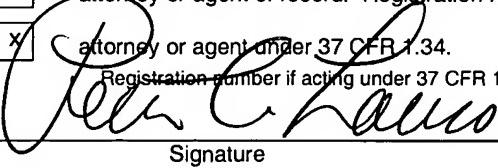
Rec'd PCT/PTO 22 DEC 2005

PTO/SB/22 (4-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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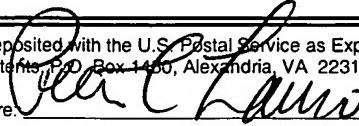
<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional)  60008US(49991)
Application Number	10/516,419-Conf. #4959	Filed November 29, 2004
For DESTRUCTIBLE SURFACTANTS AND USES THEREOF		
Art Unit	N/A	Examiner Not Yet Assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input type="checkbox"/>	attorney or agent of record. Registration Number _____	
<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
 _____ Signature		32,360
		August 29, 2005
		Date
Peter C. Lauro Typed or printed name		(617) 439-4444 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.	

09/09/2005 LLANDGRA 00000064 041105 10516419

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 492345227 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 29, 2005

Signature: 

(Peter C. Lauro)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Claude R. Mallet, et al.

Serial No.: 10/516,419

Filed: November 29, 2004

For: *Destructible Surfactants and Uses Thereof*

Attorney Docket No.: 49991-60008US

#8  
Group Art Unit: Not Assigned

Examiner: Not Assigned

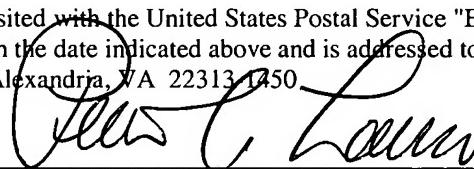
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Peter C. Lauro, Esq.

Please Print Name of Person Signing

  
Signature

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C.  
371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)**

Dear Sir:

Responsive to the Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office (DO/EO/US) dated April 29, 2005, and subsequent Notification of Defective Response dated July 14, 2005, Applicants' attorney submits herewith one (1) executed Declaration, Petition and Power of Attorney document for inventor Reb J. Russell and a check in the amount of \$450.00 which includes \$450.00 to cover the Request for

The PTO did not receive the following listed item(s). No check received

Two-Month Extension of Time concurrently filed herewith. Copies of the Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office (DO/EO/US) and Notification of Defective Response are also enclosed.

Please charge any underpayments or credit any overpayments associated with this communication to our Deposit Account No. 04-1105. A duplicate of this letter is enclosed.

Respectfully submitted,

EDWARDS & ANGELL, LLP



Peter C. Lauro, Esq.  
Registration No. 32,360  
Attorney for Applicants

EDWARDS & ANGELL, LLP  
P.O. Box 55874  
Boston, MA 02205  
Tel. (617) 517-5509

Dated: August 29, 2005



JC01 Rec'd PCT/PTO 29 AUG 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/516,419-Conf. #4959
		Filing Date	November 29, 2004
		First Named Inventor	Claude R. Mallet
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	12	Attorney Docket Number	60008US(49991)

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Copy of Notification of Missing Requirements (2 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Copy of Notification of Defective Response (2 pages)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Executed Declaration (4 pages)
<input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	Return Receipt Postcard
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS & ANGELL, LLP		
Signature			
Printed name	Peter C. Lauro		
Date	August 29, 2005	Reg. No.	32,360

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